

Schachel MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032580

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 420

STATE FILE NUMBER

FILED AUG 30 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 2322 Kentucky	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ADA O. COFFEY		4. DATE OF DEATH Month Day Year August 26, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1904
9. AGE (last birthday) 59		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) English teacher		10b. KIND OF BUSINESS OR INDUSTRY Taught Schools	
11. BIRTHPLACE (City and state or country) Jasper Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George W. Coffey		13b. MOTHER'S MAIDEN NAME Bessie Reaves	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT Leonard Coffey, 2715 Kentucky, Joplin, Mo.	

18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the</i> <i>Ca, Left Breast</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>?</i> DUE TO (c) <i>?</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 mos</i> <i>?</i>	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Joplin, Missouri	COUNTY	STATE
21. I attended the deceased from <i>8-18-63</i> to <i>8-26-63</i> and last saw her alive on <i>8-26-63</i> . Death occurred at <i>6:45 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>S Schachel MD</i>	(Degree or title)	22b. ADDRESS <i>Joplin Mo</i>	22c. DATE SIGNED <i>8-27-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 29, 1963	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	23d. LOCATION (City, town, or county) Joplin, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 8-28-1963	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59
10499
20499
3
4 1
5 0
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SEP 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by DAVID DILLON JR., Student Embalmer No. 679
working under my personal supervision.

Student

David Dillon Jr.
Signature of Student Embalmer

Signed

Lea W. Thornhill

Licensed Embalmer No.

3590

P. O. Address

Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.